

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40954
STATE FILE NUMBER

FILED NOV 26 1957 Registration District No. 170 Primary Registration District No. 5626 Registrar's No. 190

1. PLACE OF DEATH a. COUNTY Laclede		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Miller	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN BRIDGE T.S.		c. CITY OR TOWN Eldon	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Long Nursing Home		d. STREET ADDRESS 503 E. 4th	
3. NAME OF DECEASED (Type or print) First ANNIE Middle MARIA Last OLIVER		4. DATE OF DEATH Month Nov. Day 19 Year 1957	
5. SEX Female	6. COLOR OR RACE Caucasian	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 13, 1858
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		9b. AGE (In years last birthday) 99	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY —	
11. BIRTHPLACE (City and state or country) Michigan		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME James Perkins		14. MOTHER'S MAIDEN NAME Unknown	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT Lena Oliver		Address Topeka, Kans.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hypostatic Pneumonia DUE TO (b) Circulatory Failure (acute) DUE TO (c) Congestive Heart Failure PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Senility			INTERVAL BETWEEN ONSET AND DEATH 4341
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour a. m. Month Day Year p. m.		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION Eldon, Mo	
21. I attended the deceased from 4:30 A.M. to Nov 17, 1957 and last saw her alive on Nov 17, 1957		22. SIGNATURE (Degree or title) Robert D. Henderson, D.O.	
23a. BURIAL, CREMATION, REMOVAL (State) Burial		23b. DATE Nov. 21-57	
23c. NAME OF CEMETERY OR CREMATORY Mt. Pleasant		23d. LOCATION (City, town, or county) Eldon, Missouri	
24. FUNERAL DIRECTOR Lucia A. Chasins		25. DATE RECD. BY LOCAL REG. 11-21-1957	
26. REGISTRAR'S SIGNATURE Hella L. Hays		27. DATE SIGNED 11/20/57	

Received 11-25-57

Laclede County Health Unit

File No. 190

Date Filed 11-25-57

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by Louis D. Phillips, Student Embalmer No.
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Louis D. Phillips

Licensed Embalmer No. 3663

P. O. Address Eldon

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.